Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

# Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	Kevin	Banita
	government-issued picture	First Name	First Name
	identification (for example, your driver's license or	D	С
	passport).	Middle Name	Middle Name
	passporty.	Sanders	Sanders
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>4</u> <u>9</u> <u>6</u> <u>3</u>	xxx - xx - <u>4</u> <u>5</u> <u>5</u> <u>2</u>
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx
l.	Any business names and Employer Identification Numbers	☑ I have not used any business names or EINs.	✓ I have not used any business names or EINs
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and	Business name	Business name
	doing business as names	Business name	Business name

Debto	Case 16-40886-r First Name		Last Name		03/01/16 00:09 Case number (if know			
		About Debtor 1:			About Debtor 2	(Spouse Onl	y in a Joint Case):	
		<u></u>						
		EIN				· — — –		
5. V	Vhere you live				If Debtor 2 lives	at a differen	t address:	
		603 Cross Mea	adow Blvd		603 Cross Mea	adow Blvd		
		Number Street			Number Street			
		Mansfield City		<b>76063</b> ZIP Code	Mansfield City	TX State	<b>76063</b> ZIP Code	
		Tarrant	Oldic 2	0000	Tarrant	Oldic	Zii Gode	
		County			County			
		If your mailing a the one above, f court will send an mailing address.	<b>ill it in here.</b> No	ote that the	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
		603 Cross Mea	603 Cross Meadow Blvd			603 Cross Meadow Blvd		
		Number Street			Number Street			
		P.O. Box			P.O. Box			
		Mansfield		76063	Mansfield	TX	76063	
		City	State Z	IP Code	City	State	ZIP Code	
	Why you are choosing his district to file for	Check one:			Check one:			
	ankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
			ner reason. Exp s.C. § 1408.)			ner reason. E S.C. § 1408.)		
Par	t 2: Tell the Court	About Your Bankr	uptcy Case					
E	The chapter of the Bankruptcy Code you				otice Required by 11 page 1 and check th		b) for Individuals Filin box.	
	re choosing to file Inder	Chapter 7						
		Chapter 11						
		Chapter 12						
		☐ Chapter 13						

and file it with this bankruptcy petition.

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Deb	Case 16-40886-rfn	13 E	Ooc 2	1 Filed 03/01/16	Entered 03/01/16	6 00:09:0	3 Pag	e 4 of 74
		iddle N		Last Name				
Pa	Report About Ar	уΒι	ısine	sses You Own as a	Sole Proprietor			
12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a				Go to Part 4.  Name and location of bu  Precision First Assist Name of business, if any  603 Cross Meadow  Number Street  Mansfield  City	stant	TX_	76063 ZIP Co	
	separate sheet and attach it to this petition.			Health Care Busine Single Asset Real Stockbroker (as de	pox to describe your businesess (as defined in 11 U.S.C. Estate (as defined in 11 U.S.C. § 101(53) (as defined in 11 U.S.C. §	. § 101(27A)) S.C. § 101(51E BA))	3))	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	can	set ap st rece	opropriate deadlines. If you	the court must know whether ou indicate that you are a sr ent of operations, cash-flow exist, follow the procedure	mall business of statement, an	debtor, you d federal in	must attach your come tax return
	debtor?		No.	I am not filing under Cha	ng under Chapter 11.			
	For a definition of small business debtor, see		No.	I am filing under Chapte the Bankruptcy Code.	apter 11, but I am NOT a small business debtor according to the definition is $\boldsymbol{\theta}$			g to the definition in
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapte Bankruptcy Code.	er 11 and I am a small busin	ess debtor ac	cording to tl	ne definition in the
Pa	art 4: Report If You Ov	vn o	r Hav	e Any Hazardous P	roperty or Any Prope	rty That Ne	eds Imm	ediate Attention
14.			No Yes.	What is the hazard?				
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is	needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number Street			
				;	City		State	ZIP Code

First Name

Middle Name

Last Name

### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

- □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
  - Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required t	o receive a	briefing	abou
credit counseling			

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required t	o receive	a briefing	about
	credit counseling			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Kevin D Sanders, Debtor 1

Executed on 02/29/2016

MM / DD / YYYY

Banita C Sanders, Debtor 2

Executed on 02/29/2016

MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Alice Bower	Date	e <b>02/29/2016</b>									
Signature of Attorney for Debtor		MM / DD / YYYY									
Alice Bower											
Printed name											
The Law Office of Alice Bower											
Firm Name											
6421 Camp Bowie Blvd., #300											
Number Street											
	<b>-</b>	70440									
Fort Worth	<u>TX</u>	<u>76116</u>									
City	State	ZIP Code									
Contact phone (817) 737-5436	Email address <b>ecf</b> @	alicebower.com, alicebower@									
Contact phone (817) 737-5436	Email address <b>ecf</b> @	alicebower.com, alicebower@									
Contact phone (817) 737-5436	Email address <b>ecf</b> @	alicebower.com, alicebower@									

Fill in this	information to i	dentify your coo	and this filings	1	J
Debtor 1	Kevin	dentify your case	Sanders		
Deblor	First Name	Middle Name	Last Name		
Debtor 2	Banita	C Middle Nome	Sanders		
(Spouse, if fill	ng) First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	or the: <b>NORTHERN</b>	DISTRICT OF TEXAS		
Case number (if known)				· —	if this is an led filing
Official Fo	rm 106A/B				
Schedule	A/B: Propert	у			12/15
Part 1:  1. Do you ov  □ No. 0	Describe Each I	Residence, Build	, write your name and case nui	Estate You Own or Have	
1.1. 603 Cross Me Street address, if a	eadow Blvd available, or other descri	tion Check al	the property? I that apply. Ie-family home ex or multi-unit building	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim Current value of the	ims on Schedule D:
Manafield	TV 7/	_	dominium or cooperative ufactured or mobile home	entire property?	portion you own?
Mansfield City  Tarrant		Code Land	d stment property eshare	\$211,582.00  Describe the nature of your interest (such as fee simple entireties, or a life estate)	ple, tenancy by the
County		Who has	an interest in the property?	fee simple	
Homestead 603 Cross Mo Mansfield, TX		Check or □ Debri □ Debri □ Debri □ Debri		Check if this is comm (see instructions)	nunity property
			formation you wish to add about identification number:	ut this item, such as local	
entries for	r pages you have a	ttached for Part 1. W	I of your entries from Part 1, in	→	\$211,582.00
-		•	in any vehicles, whether they a , also report it on Schedule G: Ex	_	•
3. Cars, vans	s, trucks, tractors,	sport utility vehicles	, motorcycles		
□ No ☑ Yes					

Official Form 106A/B Schedule A/B: Property page 1

Deb			3 Doc 1 Filed 03/01/16 Sanders		3/01/16 00:09:03 se number (if known)	Page 9 of 74
	First Na		dle Name Last Name			
3.1. Mak	e:	Mazda	Who has an interest in t	he property?	amount of any secured cla	
Mod	el:	CX-9	Debtor 1 only		Creditors Who Have Clain	
Yea	:	2008	Debtor 2 only	2 only	Current value of the entire property?	Current value of the portion you own?
App	oximate milea	ge: <b>120,000</b>	<ul><li>—</li></ul>		\$8,000.00	\$8,000.00
Othe	er information:				Ψ0,000.00	Ψ0,000.00
200	8 Mazda CX-	9	Check if this is com (see instructions)	munity property		
4.	Examples: Bo		es, ATVs and other recreational vo , personal watercraft, fishing vesse			
	✓ No ☐ Yes					
5.		•	on you own for all of your entries hed for Part 2. Write that numbe	•		\$8,000.00
Pa	art 3: Des	scribe Your Per	sonal and Household Items	6		
Do y	ou own or ha	ve any legal or equ	itable interest in any of the follow	ving items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Examples: Ma	oods and furnishing ajor appliances, furn	gs iture, linens, china, kitchenware			
	☐ No ☑ Yes. Des	cribe See cont	inuation page(s).			\$2,245.00
7.	•		s; audio, video, stereo, and digital e ctronic devices including cell phone			
	☐ No ☑ Yes. Des	cribe See cont	inuation page(s).			\$950.00
8.	•	tiques and figurines	s; paintings, prints, or other artwork; all card collections; other collections			
	□ No ☑ Yes. Des	cribe Figurines	S			\$0.00
9.	Examples: Sp		ies exercise, and other hobby equipme arpentry tools; musical instruments	ent; bicycles, pool t	ables, golf clubs, skis;	
	✓ No ☐ Yes. Des	cribe				
10.	Firearms Examples: Pis	stols, rifles, shotgun	s, ammunition, and related equipme	ent		
	☐ No ✓ Yes. Des	cribe 12 Gauge	e shot gun			\$75.00
11.		eryday clothes, furs	s, leather coats, designer wear, sho	es, accessories		
	☐ No  ✓ Yes. Des	cribe Clothing,	, shoes, and miscellaneous w	earing apparel		\$290.00
12.	•	eryday jewelry, cost ld, silver	tume jewelry, engagement rings, we	edding rings, heirld	oom jewelry, watches, gems,	
	□ No ✓ Yes. Des	cribe See cont	inuation page(s).			\$500.00

			_	OC T F	-lied 03/01/16	Enter			Page 10 of 74
Deb	tor 1	Kevin First Name	D Middle	Name	Sanders Last Name		_ Case numbe	r (if known)	
13	Non-far	m animals	wildule	1441116	Last Ivaille				
١٥.		es: Dogs, cats, bir	ds, horses	6					
	<b>☑</b> No								
	☐ Yes	s. Describe							
14.	-	•	nousehol	d items yo	ou did not already lis	st, includin	ig any health aids	you	
	did not No	list							
		s. Give specific							
	info	rmation							
15.					om Part 3, including			_	\$4,060.00
	attache	d for Part 3. Write	e the num	ber here.				→	\$4,000.00
Pa	art 4:	Describe You	ur Finar	ncial Ass	sets				
		-							Current value of the
Do y	ou own	or have any legal	or equita	able intere	est in any of the follo	owing?			portion you own?
									Do not deduct secured claims or exemptions.
16.	Cash								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Exampl		e in your	wallet, in y	our home, in a safe	deposit box	x, and on hand whe	n you file your	
		petition							
	□ No	\$					Cash	n:	\$50.00
17	_								•
17.	-	ts of money es: Checking, savi	ings, or ot	her financi	ial accounts; certifica	ites of depo	sit; shares in credi	t unions,	
		•	-	other simila	ar institutions. If you	have multip	ple accounts with the	ne same	
		institution, list	eacn.						
	□ No ✓ Yes	S		Institutio	on name:				
	17.	· ·		-	Compass 307				\$113.99
	17.	.2. Savings acco	ount:	BBVA	Savings				\$25.00
18.		mutual funds, or			cks with brokerage firms,	money mai	rket accounts		
	✓ No	co. Dona rando, in	vooumoni	accounte	mar brokerage initio,	money ma	mor docodino		
		S	Institution	on or issue	er name:				
19.	Non-pu	blicly traded stoc	k and inte	erests in i	ncorporated and un	incorporat	ed businesses, in	cluding	
		rest in an LLC, par	rtnership	, and joint	venture				
	✓ No ☐ Yes	s. Give specific							
	_	rmation about							
		m		•				% of ownership:	
20.		•			r negotiable and nor ks, cashiers' checks,	•		orders	
	•		•		not transfer to some		•		
	<b>☑</b> No								
	_	s. Give specific ormation about							
		m	Issuer r	name:					
21.	Retiren	nent or pension ac	counts						
	Example	es: Interests in IRA profit-sharing p		Keogh, 40	01(k), 403(b), thrift sa	vings acco	unts, or other pens	ion or	
	<b>I</b> ✓ No	pront-snanny p	,,a,,,						
	٠	s. List each							
	acc	ount senarately	Type of a	ccount:	Institution name:				

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 11 of 74 **Sanders** Debtor 1 Case number (if known) 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **☑** No Institution name or individual: ☐ Yes..... 23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years) **☑** No Yes..... Issuer name and description: 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **☑** No Yes...... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c) 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ✓ No ☐ Yes. Give specific information about them 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property; Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **√** No Yes. Give specific information about them 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **☑** No ☐ Yes. Give specific information about them Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **☑** No Yes. Give specific information \$0.00 Federal: about them, including whether \$0.00 State: you already filed the returns and the tax years..... \$0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information \$0.00 Alimony: Maintenance: \$0.00 \$0.00 Support: Divorce settlement: \$0.00 \$0.00 Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **☑** No ☐ Yes. Give specific information

	Cas	e 16-4088	6-rfn13 Doc 1	Filed 03/01/16	Entered 03/01/16 00:09:03	Page 12 of 74
Deb	tor 1	Kevin First Name	<b>D</b> Middle Name	Sanders Last Name	Case number (if known)	
31.		ts in insurance	•		-1 (110A)	
	✓ No ☐ Yes	es: Health, disa  b. Name the insingany of each politication	urance olicy		nt (HSA); credit, homeowner's, or renter's in  Beneficiary:	surance Surrender or refund value:
32.	Any inte	erest in proper	ty that is due you fr	om someone who has	died	Carrender of refaile value.
	entitled		ry of a living trust, ex erty because someor		e insurance policy, or are currently	
	<u> </u>	s. Give specific	information			
33.	Example	•		not you have filed a law s, insurance claims, or rig	suit or made a demand for payment ghts to sue	
	✓ No ☐ Yes	. Describe eacl	n claim			
34.		ontingent and o	•	of every nature, include	ling counterclaims of the debtor and	
	✓ No ☐ Yes	s. Describe eacl	n claim			
35.	Any fin	ancial assets y	ou did not already	ist		
	✓ No ☐ Yes	s. Give specific	information			
36.					any entries for pages you have	\$188.99
D	ort 5:	Dosariba An	v Rusinass Pak	atod Proporty Vou	Own or Have an Interest In. List a	uny roal actate in Part 1
	ait J.	Describe An	y Dusiliess-Neid	ated Froperty Tod	Own of Have an interest in. List a	iny real estate in Fart 1.
37.	•		ny legal or equitabl	e interest in any busine	ess-related property?	
		Go to Part 6.  Go to line 38.				
30	Accoun	ats receivable o	or commissions you	ı alroady earned		Current value of the portion you own?  Do not deduct secured claims or exemptions.
50.	No No	its receivable o	o commissions you	raneady carried		
		s. Describe				·
39.		es: Business-re	ishings, and suppl lated computers, so s, electronic devices	tware, modems, printers	c, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe				
40.	Machin	ery, fixtures, e	quipment, supplies	you use in business, a	nd tools of your trade	
	✓ No ☐ Yes	s. Describe				
41.	Invento	ry				
	✓ No ☐ Yes	s. Describe				
42.	Interest	ts in partnershi	ps or joint ventures	5		
	✓ No ☐ Yes	s. Describe	Name of entity:		% of ownership	):

Deb	Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 F tor 1	-
	First Name Middle Name Last Name	
43.	Customer lists, mailing lists, or other compilations	
	✓ No  Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  No Yes. Describe	
44.	Any business-related property you did not already list	
	<ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have at If you own or have an interest in farmland, list it in Part 1.	n Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7.  ✓ Yes. Go to line 47.	
		Current value of the portion you own?  Do not deduct secured claims or exemptions.
47.	Farm animals  Examples: Livestock, poultry, farm-raised fish	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	✓ No  Yes	
48.	Cropseither growing or harvested	
	✓ No  Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No  Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	✓ No  Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	✓ No  Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
Pa	art 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership	
	✓ No ☐ Yes. Give specific information.	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 14 of 74 **Sanders** Debtor 1 Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2..... \$211,582.00 \$8,000.00 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 \$4,060.00 58. Part 4: Total financial assets, line 36 \$188.99 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 \$0.00 61. Part 7: Total other property not listed, line 54 Copy personal 62. Total personal property. Add lines 56 through 61...... \$12,248.99 \$12,248.99 property total

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$223,830.99

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Kevin **Sanders** Debtor 1 Case number (if known) Middle Name Last Name 6. Household goods and furnishings (details): Recliner, couches, loveseat \$500.00 **Coffee Tables** \$50.00 Lamps \$50.00 **Dinner Table** \$75.00 **Dining Chairs** \$50.00 Refrigerator \$500.00 Dresser \$400.00 **Nighstand** \$100.00 Mirror \$50.00 Bed \$150.00 **Kitchen Utensils** \$30.00 **Lawn Mower** \$100.00 **Gardening Tools** \$50.00 **Household Tools** \$40.00 Washer/ Dryer \$60.00 \$40.00 **Books** Electronics (details): **Television** \$400.00 **DVD Player** \$75.00 **Cd Player** \$10.00 **Speakers** \$40.00 **Computer Equipment** \$150.00 Small appliances \$100.00 Movies \$100.00 Music \$75.00 12. Jewelry (details): Wedding rings \$150.00 Watches \$200.00 **Tennis bracelet** \$150.00

Fill in this in	nformation to i	dentify vour	case:			
Debtor 1	Kevin First Name	<b>D</b> Middle Nar	Sanders			
Debtor 2 (Spouse, if filing	Banita First Name	<b>C</b> Middle Nar	Sanders ne Last Name			
` '	•		ERN DISTRICT OF	ΓEXAS		
Case number					Check if this is an amended filing	
(if known)						
Official Forr	m 106C					
Schedule (	C: The Prope	erty You C	laim as Exemp	ot		12/15
Using the propert space is needed,	ty you listed on Sc	hedule A/B: Pro to this page as	perty (Official Form 10	6A/B) as your so	are equally responsible for supplying correct in purce, list the property that you claim as exem ge as necessary. On the top of any additional	pt. If more
is to state a spe exempted up to receive certain be exemption of 10 property is dete	cific dollar amour the amount of any benefits, and tax-e 10% of fair market rmined to exceed	t as exempt. A v applicable sta exempt retirement value under a that amount, y	Alternatively, you may atutory limit. Some exent fundsmay be unlaw that limits the execute exemption would	claim the full face the claim the full face the claim tend in dollar imption to a particular to a particular to a particular for the claim the cla	exemption you claim. One way of doing so air market value of the property being h as those for health aids, rights to amount. However, if you claim an rticular dollar amount and the value of the ne applicable statutory amount.	
Part 1: lo	dentify the Pro	perty You C	laim as Exempt			
1. Which set of	of exemptions are	you claiming?	Check one only,	even if your spo	use is filing with you.	
	-		unkruptcy exemptions. U.S.C. § 522(b)(2)	11 U.S.C. § 522	(b)(3)	
2. For any pro	perty you list on	Schedule A/B t	that you claim as exer	npt, fill in the in	nformation below.	
•	n of the property a nat lists this prope		Current value of the portion you own	Amount of the exemption yo		ption
			Copy the value from Schedule A/B	Check only one each exemption		
Brief description			\$211,582.00	П	11 U.S.C. § 522(d)(1)	
Homestead 603 Cross Mea	ndow Plyd				air market	
Mansfield, TX				value, up applicable	e statutory	
Line from Schedu				limit		
Brief description			\$8,000.00		11 U.S.C. § 522(d)(2)	
2008 Mazda C	<b>X-9 (approx. 120</b> ule A/B: <b>3.1</b>	000 miles)		value, up	air market to any e statutory	
-	-	/16 and every 3		ses filed on or af	fter the date of adjustment.)  Defore you filed this case?	

Official Form 106C

□ No Yes

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Debtor 1 Kevin D Sanders Case number (if known) Last Name

Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption		
			100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description	\$500.00			11 U.S.C. § 522(d)(3)
Recliner, couches, loveseat  Line from Schedule A/B:6			100% of fair market value, up to any applicable statutory limit	
Brief description	\$50.00			11 U.S.C. § 522(d)(3)
Coffee Tables Line from Schedule A/B:6			100% of fair market value, up to any applicable statutory limit	
Brief description Lamps	\$50.00		100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:6		ΙΔΙ	value, up to any applicable statutory limit	
Brief description  Dinner Table	\$75.00			11 U.S.C. § 522(d)(3)
Line from Schedule A/B:6		$\overline{\mathbf{Q}}$	100% of fair market value, up to any applicable statutory limit	
Brief description	\$50.00		4000/ (( :	11 U.S.C. § 522(d)(3)
Dining Chairs Line from Schedule A/B:6		$\overline{\mathbf{A}}$	100% of fair market value, up to any applicable statutory limit	
Brief description Refrigerator	\$500.00		100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:6		N.	value, up to any applicable statutory limit	
Brief description  Dresser	\$400.00		100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:6		$\overline{\mathbf{Q}}$	value, up to any applicable statutory limit	
Brief description Nighstand	\$100.00		100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:6		$\square$	value, up to any applicable statutory limit	

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Debtor 1 Kevin D Sanders Case number (if known)
First Name Middle Name Last Name

Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description	\$50.00			11 U.S.C. § 522(d)(3)
Mirror		$   \overline{\mathbf{A}} $	100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory	
Brief description	\$150.00			11 U.S.C. § 522(d)(3)
Bed			100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory	
Brief description	\$30.00			11 U.S.C. § 522(d)(3)
Kitchen Utensils			100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory	
Brief description	\$100.00			11 U.S.C. § 522(d)(3)
Lawn Mower			100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory limit	
Brief description	\$50.00			11 U.S.C. § 522(d)(3)
Gardening Tools			100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory limit	
Brief description	\$40.00			11 U.S.C. § 522(d)(3)
Household Tools			100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory limit	
Brief description Washer/ Dryer	\$60.00		4000/ of foir module	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6			100% of fair market value, up to any	
Line Holli Schedule A/B.			applicable statutory limit	
Brief description	\$40.00		4000/ -446	11 U.S.C. § 522(d)(3)
Books Line from Schoolule A/P: 6			100% of fair market value, up to any	
Line from Schedule A/B:6			applicable statutory limit	
Brief description	\$400.00			11 U.S.C. § 522(d)(3)
Television		$   \overline{\mathbf{A}} $	100% of fair market value, up to any	
Line from Schedule A/B: <b>7</b>			applicable statutory limit	

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Debtor 1 Kevin D Sanders Case number (if known)
First Name Middle Name Last Name

Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description	\$75.00		4000/ -1/1-1	11 U.S.C. § 522(d)(3)
DVD Player Line from Schedule A/B:7		$\square$	100% of fair market value, up to any applicable statutory limit	
Brief description	\$10.00			11 U.S.C. § 522(d)(3)
Cd Player Line from Schedule A/B:7		Ø	100% of fair market value, up to any applicable statutory limit	
Brief description	\$40.00			11 U.S.C. § 522(d)(3)
Speakers Line from Schedule A/B:7		Ø	100% of fair market value, up to any applicable statutory limit	
Brief description  Computer Equipment	\$150.00		1000/ of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:		$\square$	100% of fair market value, up to any applicable statutory limit	
Brief description	\$100.00		1000/ //	11 U.S.C. § 522(d)(3)
Small appliances Line from Schedule A/B:7		Ø	100% of fair market value, up to any applicable statutory limit	
Brief description	\$100.00			11 U.S.C. § 522(d)(3)
Movies Line from Schedule A/B:7		$\overline{\mathbf{Q}}$	100% of fair market value, up to any applicable statutory limit	
Brief description  Music	\$75.00		100% of fair market	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <b>7</b>		$\square$	value, up to any applicable statutory limit	
Brief description Figurines	\$0.00		100% of fair market	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:8		$\overline{\mathbf{Q}}$	value, up to any applicable statutory limit	
Brief description 12 Gauge shot gun	\$75.00		100% of fair market	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:10		☑	100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Kevin D Sanders Case number (if known) Last Name

Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you cla	Specific laws that allow exemption im
	Copy the value from Schedule A/B	Check only one box each exemption	r for
Brief description Clothing, shoes, and miscellaneous wearing apparel Line from Schedule A/B:11	\$290.00	\$290.00 100% of fair m value, up to ar applicable stat limit	arket y
Brief description  Wedding rings  Line from Schedule A/B:12	\$150.00	100% of fair m value, up to ar applicable stat limit	у
		100% of fair m value, up to ar applicable stat limit	у
Brief description  Watches  Line from Schedule A/B:	\$200.00	100% of fair m value, up to ar applicable stat limit	у
		100% of fair m value, up to ar applicable stat limit	у
Brief description Tennis bracelet Line from Schedule A/B:12	<u>\$150.00</u>	100% of fair m value, up to ar applicable stat limit	у
		100% of fair m value, up to ar applicable stat limit	у
Brief description  Cash on hand  Line from Schedule A/B:16	\$50.00	\$50.00 100% of fair m value, up to ar applicable stat limit	у
Brief description BBVA Compass 307 Line from Schedule A/B:17.1	\$113.99	100% of fair m value, up to ar applicable stat limit	у

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**Sanders** Case number (if known) Debtor 1 First Name Middle Name Last Name Part 2: **Additional Page Current value of** Amount of the Brief description of the property and line on Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description \$25.00 11 U.S.C. § 522(d)(5) **BBVA Savings** 100% of fair market  $\mathbf{V}$ value, up to any Line from Schedule A/B: \_\_\_17.2 applicable statutory limit

Case 10	-40880-111113 L	oc i Fileu	03/01/10 FILE	ied 03/01/10 0	0.09.03 Page	22 01 74
Fill in this info	ormation to ident	ify your case	:			
Debtor 1	Kevin	<b>D</b> Middle Name	Sanders Last Name			
Debtor 2 (Spouse, if filing)		C Middle Name	Sanders Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN D	ISTRICT OF TEXAS			
Case number (if known)					Check if this is amended filing	
Official Form		o Have Cla	ims Secured b	v Property		12/15
correct informatio On the top of any  1. Do any credit  No. Chee	n. If more space is no additional pages, writ ors have claims secu	eeded, copy the te your name an ared by your pro this form to the c	ed people are filing too Additional Page, fill it d case number (if known perty? court with your other sch	out, number the entri wn).	es, and attach it to thi	s form.
2. List all secure claim, list the correditor has a	ed claims. If a credito creditor separately for a particular claim, list the ible, list the claims in a e.	r has more than one control of the c	ore than one in Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	property that claim:	\$169,254.00	\$211,582.00	
Bk Of Amer Creditor's name 450 American St Number Street	:		te you file, the claim is	: Check all that apply.		
Check if this c	ebtor 2 only the debtors and anothol laim relates	An agree Statutory Judgmen Other (inc	ated	s mortgage or secured	car loan)	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$169,254.00

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 23 of 74 **Sanders** Debtor 1 Case number (if known) First Name Middle Name Column A Column B Column C **Additional Page** Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them portion Do not deduct the that supports this sequentially from the previous page. value of collateral claim If any Describe the property that 2.2 \$43,000.00 \$43,000.00 secures the claim: **Bk Of Amer** Homestead Creditor's name 450 American St Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent Simi Valley 93065 Unliquidated ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only  $\overline{\mathbf{Q}}$ Judgment lien from a lawsuit At least one of the debtors and another П Other (including a right to offset)  $\overline{\mathbf{M}}$ Mortgage arrears Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Various 5 0 2 Describe the property that 2.3 \$19,120.00 \$8,000.00 \$11,120.00 secures the claim: **Exeter Finance Corp** 2008 Mazda CX-9 Creditor's name Po Box 166097 Street Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Irving 75016 Unliquidated ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ☐ Debtor 1 only

An agreement you made (such as mortgage or secured car loan)

Statutory lien (such as tax lien, mechanic's lien)

Judgment lien from a lawsuit

Last 4 digits of account number

**Automobile** 

Other (including a right to offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$62,120.00

0 0 1

Debtor 2 only

Debtor 1 and Debtor 2 only

Check if this claim relates to a community debt Date debt was incurred

At least one of the debtors and another

03/2014

П

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 24 of 74 **Sanders** Debtor 1 Case number (if known) First Name Middle Name Last Name Column C Column A Column B **Additional Page** Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them Do not deduct the that supports this portion sequentially from the previous page. value of collateral claim If any Describe the property that 2.4 \$1,980.00 \$1,980.00 secures the claim: **Exeter Finance Corp** 2008 Mazda CX-9 Creditor's name Po Box 166097 Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent 75016 ☐ Unliquidated Irving City ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit 

Other (including a right to offset)

Arrearage claim

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

At least one of the debtors and another

 ✓ Check if this claim relates to a community debt
 Date debt was incurred Various  $\overline{\mathbf{Q}}$ 

\$1,980.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$233,354.00

1 0 0 1

Case 10	D-4U880-I	IIIT3 DOC I FII	ied 03/01/10 Ei	ilereu 03	NOT/TO	00.09	.03 Page 2	25 01 74
Fill in this in	formation t	to identify your o	case:					
Dahtand	Vavin	<u> </u>	Condono					
Debtor 1	Kevin First Name	<b>D</b> Middle Name	Sanders Last Name					
Dahtan	Danita	•	Condoro					
Debtor 2 (Spouse, if filing)	Banita First Name	C Middle Name	Sanders Last Name					
United States Ba	ankruptcy Cou	rt for the: NOR I HEI	RN DISTRICT OF TEXA	45				
Case number (if known)							Check if this is amended filing	an
Official Form	106E/F							
Schedule E	/F: Credi	tors Who Hav	e Unsecured Cla	ims				12/15
Do not include an If more space is r to this page. On	ny creditors we needed, copy the top of any	vith partially secured the Part you need, t	and on Schedule G: Exe d claims that are listed in fill it out, number the ent write your name and case secured Claims	Schedule L	D: <i>Credito</i> oxes on t	ors Who I	Hold Claims Secur	red by Property.
1. Do any credi	itors have pri	ority unsecured clai	ms against you?					
-	to Part 2.	·						
claim. For ea show both pri more space is	ach claim lister ority and nong	d, identify what type or priority amounts. As r priority unsecured clai	oreditor has more than or of claim it is. If a claim has much as possible, list the lims, fill out the Continuation	s both priority claims in alpl	/ and non habetical	priority an	nounts, list that clai ording to the credite	m here and or's name. If
(For an expla	nation of each	n type of claim, see th	e instructions for this form	in the instru	ction boo	klet.		
` '						claim	Priority	Nonpriority
							amount	amount
2.1					\$1	,326.53	\$1,326.53	\$0.00
Attorney Gener			- Last 4 digits of accour	nt number	4 6	0 3		
Priority Creditor's Nan Collection Divis		tion	When was the debt inc		<u> </u>			
Number Street P.O. Box 12548				_				
1.0. Box 12040			<ul> <li>As of the date you file,</li> <li>Contingent</li> </ul>	the claim is	s: Check	all that ap	ply.	
			Unliquidated					
Austin City	TX Stat	78711-2548 e ZIP Code	Disputed					
Who incurred the		eck one.	Type of PRIORITY uns	ecured clair	n:			
Debtor 1 only			✓ Domestic support o					
Debtor 2 only Debtor 1 and I	Debtor 2 only		Taxes and certain of	•		•	nent	
At least one of	•	and another	Claims for death or intoxicated	p <del>e</del> rsonai inju	ary writte y	ou were		
ك		community debt	Other. Specify					
Is the claim subject	ect to offset?							
☑ No ☐ Yes								

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Debtor 1 Sanders Case number (if known) First Name Middle Name Last Name Part 1: Your PRIORITY Unsecured Claims -- Continuation Page Total claim After listing any entries on this page, number them sequentially from the **Priority** Nonpriority previous page. amount amount \$3,345.00 \$3,345.00 \$0.00 The Alice Office of Alice Bower Last 4 digits of account number Priority Creditor's Name PO Box 2268 When was the debt incurred? 02/17/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **Fort Worth** 76113 TX Disputed City State ZIP Code Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only Claims for death or personal injury while you were At least one of the debtors and another intoxicated Check if this claim is for a community debt Other. Specify  $\overline{\mathbf{Q}}$ Attorney fees for this case Is the claim subject to offset? ✓ No Yes

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 27 of 74 Sanders Debtor 1 Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with you other schedules.  $\square$ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2. Total claim 4.1 \$255.00 **Aargon Collection Agen** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 04/2015 3025 W Sahara As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated П Disputed Las Vegas N۷ 89102 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only  $\square$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No ☐ Yes Original Creditor Name: SIX FLAGS MEMBERSHIP 4.2 \$80.33 Alliance One Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 1961 As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed 48195-0961 Southgate MI City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Unknown Is the claim subject to offset?

✓ No ☐ Yes Debtor 1 Sanders Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$33.53 Last 4 digits of account number 7<u>77</u>1 **Baylor Surgicare at Mansfield** Nonpriority Creditor's Name When was the debt incurred? 280 Regency Parkway As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Mansfield TX 76063 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **✓** No Yes 4.4 \$64.00 Last 4 digits of account number **Capital Accounts** 7 6 4 6 Nonpriority Creditor's Name When was the debt incurred? 02/2013 Po Box 140065 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Nashville** ΤN 37214 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No

Official Form 106E/F

☐ Yes

Original Creditor Name: ANTHONY HENEGAR ASSOCIATES

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Debtor 1 Kevin D Sanders Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.5		\$1,538.00
Capital One Auto Finan	_ Last 4 digits of account number _1_ 0_ 0_ 1_	
Nonpriority Creditor's Name 3901 Dallas Pkwy	When was the debt incurred? 08/2009	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Plano TX 75093	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Automobile	
Is the claim subject to offset?		
✓ No		
Yes		
deficiency on reposession		
4.6		¢4 405 70
لـــــا	Last 4 digits of account number	\$1,185.78
Cashnet USA Nonpriority Creditor's Name	Last 4 digits of account number	
175 West Jackson Blvd	When was the debt incurred?	
Number Street Suite 1000	As of the date you file, the claim is: Check all that apply.	
Cuite 1000	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Chicago         IL         60604           City         State         ZIP Code	<b>-</b>	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Payday Loan	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.7		\$1,090.00
Dash of Cash	Last 4 digits of account number	<del></del>
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 1469 Number Street	As of the date you file, the claim is: Check all that apply.	
Kahnawake, Quebec JOL 1BO	_ ☐ Contingent	
·	Unliquidated	
	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Payday Loan	
Is the claim subject to offset?  ✓ No		
Yes		

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Debtor 1 Kevin D Sanders Case number (if known) Last Name

After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
Fed Loan Serv Jonpriority Creditor's Name Po Box 60610 Jumber Street  Harrisburg PA 17106 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another	Last 4 digits of account number 0 0 1 When was the debt incurred? 01/2000  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	*\$2,261.00
✓ Check if this claim is for a community debt s the claim subject to offset? ✓ No	Last 4 digits of account number 7 6 5 6	\$760.78
Rosenthal, Morgan, and Thomas, Inc Number Street 12747 Olive Blvd Suite 250 Saint Louis MO 63141 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
Check if this claim is for a community debt s the claim subject to offset?  No Yes  4.10  Guarenteed Pawn Nonpriority Creditor's Name 2437 FM 917 Number Street	Last 4 digits of account number 6 9 9 0  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	\$225.00
Mansfield TX 76063  City State ZIP Code  Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☑ Check if this claim is for a community debt s the claim subject to offset? ☑ No ☐ Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Money owed	

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Debtor 1 Sanders Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.11 \$449.00 C System Inc Last 4 digits of account number 9 0 0 1 Nonpriority Creditor's Name When was the debt incurred? 07/2014 Po Box 64378 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Saint Paul** MN 55164 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No ☐ Yes **Original Creditor Name: BANFIELD PET HOSPITAL** 4.12 \$535.32 I.C. Systems Inc Last 4 digits of account number 0 0 0 1 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 64378 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Saint Paul** MN 55164 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only

that you did not report as priority claims

Other. Specify

Service

Debts to pension or profit-sharing plans, and other similar debts

Official Form 106E/F

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

**Verizon Wireless** 

✓ No ☐ Yes

At least one of the debtors and another

Check if this claim is for a community debt

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Debtor 1 Kevin D Sanders Case number (if known) Last Name

After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.13		\$19.86
I _aboratory Corp of America	Last 4 digits of account number 3 6 3 0	φ19.00
Inpriority Creditor's Name	When was the debt incurred?	
P.O. Box 2240 lumber Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Burlington NC 27216	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Output ☐ Description ☐	Debts to pension or profit-sharing plans, and other similar debts	
☐ Threads one of the desired and another.  ☐ Check if this claim is for a community debt	Other. Specify	
<del></del>	Medical Services	
s the claim subject to offset? ☑ No		
Yes		
<del></del>		
4.14		\$410.00
Majestic Lake Financial	Last 4 digits of account number 2 5 1 5	
Ionpriority Creditor's Name	When was the debt incurred?	
G35 E. Hwy 20 lumber Street	As of the date you file, the claim is: Check all that apply.	
‡ K	_ ☐ Contingent	
	Unliquidated	
Jpper Lake CA 95485	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
<ul><li>✓ Debtor 1 and Debtor 2 only</li><li>✓ At least one of the debtors and another</li></ul>	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
<del>-</del>	Payday Loan	
s the claim subject to offset?		
Yes		
<del>_</del>		
4.15		\$236.00
Massage Envy	Last 4 digits of account number	
Ionpriority Creditor's Name	When was the debt incurred?	
5232 South State hwy 360 Jumber Street	As of the date you file, the claim is: Check all that apply.	
Suite 610	_ ☐ Contingent	
	Unliquidated	
Grand Prairie TX 75052	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
Check if this claim is for a community debt	Services	
s the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Kevin D Sanders Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.16  Maxlend Nonpriority Creditor's Name	Last 4 digits of account number9387_ When was the debt incurred?	\$1,073.12
P.O. Box 639 Number Street	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	
Parshall  City State ZIP Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Payday Loan	
4.17  Methodist Charlton Medical Center	Last 4 digits of account number	\$1,356.00
Nonpriority Creditor's Name 4040 Central Expwy Number Street #600	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
Dallas  TX 75204  City State ZIP Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Services	
4.18  Money Key	Last 4 digits of account number	\$1,122.15
Nonpriority Creditor's Name 3422 Old Capital Trail Number Street #1613	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
Wilmington  DE 19808  City State ZIP Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Payday Loan	

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Debtor 1 Sanders Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.19 \$26.45 Last 4 digits of account number 5 6 <u>5</u> <u>0</u> North shore agency Nonpriority Creditor's Name When was the debt incurred? 270 Spagnoli Road As of the date you file, the claim is: Check all that apply. Number Street Ste 110 Contingent Unliquidated Disputed Melville NY 11747 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Services Is the claim subject to offset? **☑** No Yes 4.20 \$261.60 Last 4 digits of account number **North Texas Tollway Authority** Nonpriority Creditor's Name When was the debt incurred? PO Box 660244 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Dallas** TX 75266

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Tolls

Other. Specify

Official Form 106E/F

State

Check one.

Who incurred the debt?

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

Debtor 1 only

No Yes 

Debtor 2 only

ZIP Code

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Debtor 1 Sanders Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$27.00 Last 4 digits of account number Paramount Recovery Sys 6 4 6 3 Nonpriority Creditor's Name When was the debt incurred? 12/2011 105 Deanna St As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Robinson TX 76706 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No ☐ Yes Original Creditor Name: QUESTCARE ER-L COLINAS \$134.25 **Pinnacle Anesthesis Consultants** Last 4 digits of account number 7 3 7 4 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 650426 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated П Disputed **Dallas** ΤX 75265 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Medical Services** 

Is the claim subject to offset?

✓ No ☐ Yes Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 36 of 74

Debtor 1 Sanders Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.23 \$944.00 Plaza Servic Last 4 digits of account number 5 5 0 1 Nonpriority Creditor's Name When was the debt incurred? 110 Hammond Drive As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Atlanta** GA 30328 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Unknown Loan Type** Is the claim subject to offset? **☑** No ☐ Yes **Original Creditor Name: 12 MONEY KEY** 4.24 \$343.00 **Portfolio Recovery Ass** Last 4 digits of account number 6 0 2 0 Nonpriority Creditor's Name When was the debt incurred? 08/2014 120 Corporate Blvd Ste 1 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed 23502 Norfolk VΑ City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

**Factoring Company Account** 

Other. Specify

Original Creditor Name: CAPITAL ONE BANK USA N.A.

Debtor 1 only

**☑** No ☐ Yes

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

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Debtor 1 Kevin D Sanders Case number (if known) Last Name

After listing any entries on this page, number the previous page.	ooquotaany nom the	Total claim
4.25 Speedy Cash Jonpriority Creditor's Name 1527 . Ridge Rd Jumber Street  Wichita KS 67205 State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt State Claim subject to offset?  No	Last 4 digits of account number 5 1 2 2  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Payday Loan	\$751.19
4.26 Stoneleigh Recovery Associates Nonpriority Creditor's Name P.O. Box 1479 Number Street	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	<u>\$3,506.78</u>
Lombard  Dity State ZIP Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  s the claim subject to offset?	Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for	
No  Yes  4.27  Sunrise Credit Services Nonpriority Creditor's Name  P.O. Box 9100  Number Street	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.	\$375.12
Farmingdale  Dity  State  ZIP Code  Who incurred the debt?  Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  s the claim subject to offset?  No  Yes	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unknown	

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Debtor 1 Kevin D Sanders Case number (if known) \_\_\_\_\_

After itseling any entries on this page, number them sequentially from the previous page.    28	Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number   When was the debt incurred?		m sequentially from the	Total claim
Exast Physicians Resouces   Last 4 digits of account number   No. Box 2255	4.28		\$358.00
Nonpromory Creditors Name   P.O. Box 8776	Texas Physicians Resouces	Last 4 digits of account number	
As of the date you file, the claim is: Check all that apply.			
Fort Worth TX 76124 City State 2   P Oode   Disputed			
Uniquidated   Disputed   Check one.   Disputed   Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Medical Services   Check all that apply.   Check if this claim is for a community debt is the claim subject to offset?   Moreovery Cellor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 2 only   Medical Services   Debtor 2 only   Medical Services   Student loans   Debtor 2 only   Medical Services   Debtor 2 only   Medical Services   Student loans   Debtor 2 only   Medical Services   Student loans   Debtor 2 only   Medical Services   Student loans   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 3 only   Debtor 1 and Debtor 3 only   Debtor 3 only   Debtor 1 and Debtor 3 only   Debtor 3 only   Debtor 1 and Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 8 only   Debtor 8 only   Debtor 9 only   D	Number Street		
Disputed		— <b>—</b>	
For Worth TX 76124 City Check one.   Debtor 1 only   Debtor 1 only   Debtor 2 only   Al least one of the debtors and another   Check if this claim is for a community debt started and subject to offset?    Al least one of the debtors and another   Check if this claim is for a community debt started and subject to offset?   Started Indianapolis   Al Sabe   Check if this claim is for a community debt started and subject to offset?   Started Indianapolis   Al Sabe   Check if this claim is for a community debt started and poblor 2 only   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 8 only   Debtor 8 only   Debtor 9 only   Debtor 9 only   Debtor 9 only   Debtor 9 only   Debtor 1 only   Debtor 9 only   Debtor 1 only   Debtor	-		
Who incurred the debt? Check one.    Debtor 1 and Debtor 2 conly   Debtor 1 and Debtor 2 conly   Medical Services    Associates   Debtor 2 conly   Debtor 1 and Debtor 2 conly   Debtor 1 and Debtor 2 conly   Debtor 1 confiscent   Debtor 2 conly   Debtor 1 confiscent   Debtor 2 conly   Debtor 3 conditions   Debtor 4 cond	Fort Worth TX 76124		
Student loans   Debtor 1 only   Debtor 2 only   At least one of the debtors and another   Debtor 3 only   Mo   Debtor 2 only   At least one of the debtor of state   Debtor 2 only   Mo   Debtor 3 only   Mo   Debtor 4 only   Mo   Debtor 4 only   Mo   Debtor 4 only   Mo   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 4 only   Debtor 2 only   Debtor 4 only   Debtor 2 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 8	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 3 and Other similar debts   Debtor 4 calaim subject to offset?   Medical Services   Debtor 5 and other similar debts   Debtor 6 and other similar debts   Debtor 6 and other similar debts   Debtor 7 and Other 5 pecify   Medical Services   Debtor 8 period of the debtor 9 period of the debtor 9 period of the debtor 9 period of the debtor 8 period of the debtor 9 period of the debtor 8 period of the debtor 9 period of the debtor 8 period of the debtor 9 period of the 9 period of 10 period of 10 period 9 period	Who incurred the debt? Check one.		
Debtor 1 and Debtor 2 only			
Debtor 1 and Debtor 2 only			
At least one of the debtors and another		· · · · · · · · · · · · · · · · · · ·	
Medical Services    Medical Services   Medical Services			
A29			
A29	Is the claim subject to offset?		
Texas Radiology Associates  Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 2285 Number Street  Men was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  4.30 Us Dep Ed Us Dep			
Toxas Radiology Associates Nonpriority Creditor's Name Nonpriority Creditor's Name PO. Box 2285 Number Street    Contingent   Unliquidated   Disputed	=		
Last 4 digits of account number   When was the debt incurred?	4.29		\$37.53
Non-priority Creditor's Name   P.O. Box 2285   Number   Street   Street   Street   Contingent   Uniquidated   Disputed   Disputed   Type of NONPRIORITY unsecured claim:   Contingent   Uniquidated   Disputed   Type of NonPriority Creditor's Name   Po Box 5609   Number   Street   Tx 75403   Cay	Tayas Radiology Associates	Last 4 digits of account number	401.00
As of the date you file, the claim is: Check all that apply.			
Contingent   Colliquidated	· · ·		
Indianapolis	Number Street	As of the date you file, the claim is: Check all that apply.	
Indianapolis   IN   46206			
Indianapolis			
Type of NONPRIORITY unsecured claim:    Debtor 1 only	Indiananolis IN 46206	_ Disputed	
Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ No Po Box 5609 Number Street □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ No □ No □ No □ No □ Yes □ No □ No □ Yes □ No □ Ves □ No □ Ves □ No □ Ves □ No		Type of NONPRIORITY unsecured claim:	
Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 1 and Debtor 3 and another   Debtor 4 tleast one of the debtors and another   Debtor 5 to pension or profit-sharing plans, and other similar debts   Other. Specify   Medical Services	Who incurred the debt? Check one.		
Debtor 2 only	Debtor 1 only		
Debts to pension or profit-sharing plans, and other similar debts  At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  Last 4 digits of account number 6 2 6 1 Nonpriority Creditor's Name Po Box 5609  Number Street  Careenville TX 75403  City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No No No  Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services  \$2,261.84  \$2,261.84  Square Qino6/2000 As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Square Visited I loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  No No	Debtor 2 only	<b>—</b>	
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?    No			
Medical Services	At least one of the debtors and another		
No   Yes   \$2,261.84   \$2,26	☐ Check if this claim is for a community debt		
\$2,261.84  Us Dep Ed  Last 4 digits of account number 6 2 6 1  Nonpriority Creditor's Name Po Box 5609  Number Street  When was the debt incurred? 01/06/2000  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  TX 75403  City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No	Is the claim subject to offset?		
\$2,261.84  Us Dep Ed  Nonpriority Creditor's Name Po Box 5609  Number Street  Greenville  TX 75403  City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  \$2,261.84  Last 4 digits of account number 6 2 6 1  Check all that apply.  O1/06/2000  As of the date you file, the claim is: Check all that apply.  Check all that apply.  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	<b>✓</b> No		
Vis Dep Ed   Last 4 digits of account number   6 2 6 1	☐ Yes		
Vis Dep Ed   Last 4 digits of account number   6 2 6 1	420		
Nonpriority Creditor's Name Po Box 5609 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  TX 75403 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  When was the debt incurred?  O1/06/2000  As of the date you file, the claim is: Check all that apply.  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			\$2,261.84
Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No			
Greenville TX 75403  City State ZIP Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No		When was the debt incurred? 01/06/2000	
Greenville  TX 75403  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  No	Number Street	As of the date you file, the claim is: Check all that apply.	
Greenville TX 75403  City State ZIP Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No		<b>—</b>	
Greenville TX 75403 City State ZIP Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No			
City State ZIP Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No	Greenville TY 75402	□ Disputed	
Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No		Type of NONERIORITY unsecured claim:	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No	<b>L</b> = 1.		
At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No		· · · · · · · · · · · · · · · · · · ·	
Check if this claim is for a community debt  Is the claim subject to offset?			
Is the claim subject to offset?  ☑ No	<u></u>	☐ Other. Specify	
☑ No			

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Debtor 1 Sanders Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.31 \$10,115.00 Wfds/wds Last 4 digits of account number 0 1 5 5 Nonpriority Creditor's Name When was the debt incurred? 05/2009 Po Box 1697 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Winterville 28590 NC City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Automobile** Is the claim subject to offset? **☑** No ☐ Yes

deficiency on reposession

Debtor 1

KevinDFirst NameMiddle Name

Sanders Last Name

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$1,326.53
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>-</b>	\$3,345.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$4,671.53
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$4,522.84
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. 🕇	\$27,313.79
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$31,836.63

Ousc 10	70000 111	ito boo i i lica	50/01/10 En	tered 00/0±/±0 00:00:00	rage +1 or r+
Fill in this inf	ormation to	identify your case	:		
Debtor 1	Kevin First Name	<b>D</b> Middle Name	Sanders Last Name		
			_		
Debtor 2 (Spouse, if filing)	Banita First Name	C Middle Name	Sanders Last Name		
(Opouse, ii iiiiig)	Tilstivanie	Wildale Name	Last Name		
United States Ba	nkruptcy Court f	or the: <b>NORTHERN D</b>	ISTRICT OF TEXA	<u>as</u>	
Case number				□ Cha	ack if this is an
(if known)				<u> </u>	eck if this is an ended filing
					· ·
Official Form	1060				
		_			
Schedule G	: Executor	y Contracts and	d Unexpired I	_eases	12/15
No. Che ✓ Yes. Fill  List separate is for (for example)	eck this box and in all of the info	rmation below even if th or company with who licle lease, cell phone).	urt with your other so e contracts or leases m you have the con	hedules. You have nothing else to rep are listed on Schedule A/B: Property ( tract or lease. Then state what each for this form in the instruction booklet	Official Form 106A/B).
Person or	company with	whom you have the co	ontract or lease	State what the contract or lease	is for
2.1 AT&T				_ Cell phone	
Name <b>PO Box</b> '	105414			Contract to be REJECTED	
	Street			_	
		GA	30348	_	
City		State	ZIP Code	_	
2.2 <u>T-Mobile</u>				_ Cell Phone	
Name PO Box s	53410			Contract to be ASSUMED	
	Street			_	

WA State **98015-3410** ZIP Code

Bellevue City

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ormation to i	identify your case	:	
Kevin	D	Sanders	
First Name	Middle Name	Last Name	
Banita	С	Sanders	
First Name	Middle Name	Last Name	
nkruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF TEXAS	<u>s</u>
	Kevin First Name  Banita First Name	Kevin     D       First Name     Middle Name       Banita     C       First Name     Middle Name	First Name Middle Name Last Name  Banita C Sanders

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you	u have any codebtors	(If you are filing a joir	nt case, d	o not list eithe	r spouse a	s a codebtor.)
	N N	0					
		es					
2.		•	•		•	-	(Community property states and territories Washington, and Wisconsin.)
	$\square$ N	o. Go to line 3.					
	N A	es. Did vour spouse, f	former spouse, or legal eq	uivalent li	ve with vou at	the time?	
		¬ No			, , , , , , , , , , , , , , , , , , , ,		
	L √	<b>-</b>					
	<u>v</u>	_	y state or territory did you	live? _	Texas	Fill in	n the name and current address of that person.
		Banita C Sande	rs				
		Name of your spouse, 603 Cross Mead	former spouse, or legal equiva	alent			
		Number Street					
		Mansfield	T	ζ	76063		
		City	Sta	ate	ZIP Code		

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

_	(evin	D	Sanders				
Fi	irst Name	Middle Name	Last Name	Che	eck if this is:		
	Banita irst Name	C Middle Name	Sanders  Last Name	—   <b>-</b>	An amended filing		
United States Bankrupt	tcy Court for th	e: NORTHERN	DISTRICT OF TEXAS		A supplement showi	•	
Case number (if known)					chapter 13 income a	es of the fol	lowing da
Official Form 106I					, 22,		
chedule I: Your	Income						12/1
ur name and case num		n). Answer every o	eparate sheet to this form. On juestion.	the top of	any additional page:	s, write	
				the top of	any additional page:	s, write	
Part 1: Describe	Employme	n). Answer every o		the top of	any additional page:	s, write	
Part 1: Describe Fill in your employminformation.	nber (if knowr Employme	n). Answer every o		the top of	any additional page:		se
Part 1: Describe  Fill in your employm information.  If you have more than job, attach a separate with information about	e Employmenent  n one e page Em	n). Answer every o	uestion.	the top of		iling spous	se
Part 1: Describe  Fill in your employm information.  If you have more than job, attach a separate with information about additional employers.	e Employmenent one one spage Em t Occ	n). Answer every o	Debtor 1  Employed	the top of	Debtor 2 or non-fi  ✓ Employed	iling spous	se
Part 1: Describe  Fill in your employm information.  If you have more than job, attach a separate with information about	e Employment none spage Em t Occussonal,	ent  ployment status	Debtor 1  Employed	the top of	Debtor 2 or non-fi  ☑ Employed □ Not employed	iling spous	
Part 1: Describe  Fill in your employm information.  If you have more than job, attach a separate with information about additional employers.  Include part-time, sea	e Employment n one page Em t Occusional, c. Em	ent  ployment status	Debtor 1  Employed	the top of	Debtor 2 or non-fi  Employed Not employed Receptionist	iling spous	
Part 1: Describe  Fill in your employm information.  If you have more than job, attach a separate with information about additional employers.  Include part-time, sea or self-employed work  Occupation may inclustudent or homemake	e Employment n one page Em t Occusional, c. Em	ent  ployment status  cupation  ployer's name	Debtor 1  ☐ Employed ☑ Not employed  Number Street		Debtor 2 or non-fi  Employed Not employed Receptionist  Milbern Ray & 6  4831 Merlot Ave Number Street #320  Grapevine	Company	76051
Part 1: Describe  Fill in your employm information.  If you have more than job, attach a separate with information about additional employers.  Include part-time, sea or self-employed work  Occupation may inclustudent or homemake	e Employment none page Em t Occusional, c. Em de Em er, if it	ent  ployment status  cupation  ployer's name	Debtor 1  Employed  Not employed  Number Street  City State	Zip Code	Debtor 2 or non-fi  Employed Not employed Receptionist  Milbern Ray & 6  4831 Merlot Ave Number Street #320	Company	,

you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$2,374.34
3.	Estimate and list monthly overtime pay.	3. 🛊	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$2,374.34

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

Sanders

Debtor 1 Kevin

First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here ..... \$0.00 \$2,374.34 List all payroll deductions: \$0.00 \$323.24 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 \$0.00 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. \$0.00 \$594.78 \$0.00 \$0.00 5f. Domestic support obligations 5f. 5g. \$0.00 \$0.00 5g. Union dues 5h. Other deductions. \$0.00 \$0.00 5h. + Specify: Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + \$0.00 \$918.02 5g + 5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$0.00 \$1,456.32 List all other income regularly received: 8a. Net income from rental property and from operating a \$0.00 \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a \$0.00 \$0.00 8c. dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation b8 \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$0.00 \$0.00 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. 8h. 🛓 Specify: \$0.00 \$0.00 **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$0.00 \$0.00 Calculate monthly income. Add line 7 + line 9. \$0.00 \$1,456.32 \$1,456.32 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12 \$1,456.32 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? Client is currently looking for employment. Yes. Explain:

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j	ill in this inform	ation to iden	tify your case:			Ch-	olz if #h:	s ie:	
	Debtor 1	Kevin	D	Sand	ers	l	ck if this	s is: ended filing	
	Debior 1	First Name	Middle Name	Last Na				ended ming lement showing	postpetition
	Debtor 2	Banita	С	Sand	ers	🖰		r 13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Na			followin	ng date:	
	United States Bankr	uptcy Court for th	ne: NORTHERN DI	STRICT O	F TEXAS		MM / D	DD / YYYY	_
	Case number (if known)								
	,					J			
_	fficial Form 10 chedule J: Yo		es						12/15
Be co	as complete and ac	ccurate as possi more space is	ible. If two married p needed, attach anoth nswer every question	er sheet to t		-	-		
F	Part 1: Descri	be Your Hou	sehold						
1.	Is this a joint case	e?							
	No	ebtor 2 live in a	separate household?		s for Separate House	ehold o	f Debtor	2.	
2.	Do you have depe	endents?	<b>1</b> No						
	Do not list Debtor 2	_	Yes. Fill out this in for each dependen		Dependent's relat Debtor 1 or Debto		p to	Dependent's age	Does dependent live with you?
	Do not state the de names.	ependents'							Yes No Yes
									□ No - □ Yes
									□ No
									Yes
									☐ No
									Yes
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes						
F	Part 2: Estima	ite Your Ong	oing Monthly Exp	enses					
to		of a date after the	nkruptcy filing date ι he bankruptcy is filec	-	-			•	
	•		ish government assis on Schedule I: Your I	-				Your expens	ses
4.			penses for your resided					4.	\$1,493.34
	If not included in	•	a any ronk for the grou	0. 101.					
	4a. Real estate ta							4a.	
		neowner's, or ren	ter's insurance					4b.	
	• • •		d upkeep expenses					4c.	\$118.00
	4d. Homeowner's	•						4d.	

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Debtor 1 Kevin D Sanders Case number (if known) Last Name

		Your expe	nses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$190.00
	6b. Water, sewer, garbage collection	6b.	\$85.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$365.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7	\$300.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$50.00
10.	Personal care products and services	10.	
11.	Medical and dental expenses	11.	
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$223.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$162.00
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 Car Payment	17a	\$495.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$320.00
	Child Support		
19.	Other payments you make to support others who do not live with you.  Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e.	

#### Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 47 of 74 Debtor 1 Kevin **Sanders** Case number (if known) First Name Middle Name Last Name 21. Other. Specify: 21. 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. \$3,801.34 Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b. 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$3,801.34 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$1,456.32 Copy your monthly expenses from line 22c above. 23b. \$3,801.34 23c. Subtract your monthly expenses from your monthly income. (\$2,345.02)The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

$\overline{\mathbf{V}}$	No.	
	Yes.	Explain here:
_		Explain here: None.

Debtor 1	Kevin	D	Sanders		
	First Name	Middle Name	Last Name	_	
Debtor 2	Banita	С	Sanders		
Spouse, if filing	g) First Name	Middle Name	Last Name		
Inited States B	ankruptcy Court fo	or the: NORTHERN D	DISTRICT OF TEXAS		
Case number if known)			_	<u> </u>	if this is an ed filing
fficial Forr	n 106Sum				
		ets and Liabilit	ties and Certain S	tatistical Information	12/1
rrect informat hedules after	ion. Fill out all of	f your schedules first; inal forms, you must	then complete the inform	ner, both are equally responsible f nation on this form. If you are filin Id check the box at the top of this	g amended
					Your assets Value of what you owr
Schedule A	/B: Property (Offici	ial Form 106A/B)			·
1a. Copy li	ne 55, Total real e	state, from Schedule A	/B		\$211,582.0
1b. Copy li	ne 62, Total perso	nal property, from Sche	edule A/B		\$12,248.99
1c. Copy li	ne 63, Total of all	property on Schedule A	A/B		\$223,830.99
	ne 63, Total of all		VB		. \$223,830.99
			VB		Your liabilities Amount you owe
Part 2: S	ummarize You	ur Liabilities  ave Claims Secured by	Property (Official Form 10		Your liabilities Amount you owe
Schedule D. 2a. Copy the Schedule Extended	ummarize You  : Creditors Who Hane total you listed in	ur Liabilities  ave Claims Secured by in Column A, Amount o  Have Unsecured Claim	Property (Official Form 100 of claim, at the bottom of the loss (Official Form 106E/F)	6D)	Your liabilities Amount you owe \$233,354.00
Schedule D. 2a. Copy th Schedule E. 3a. Copy th	ummarize You c Creditors Who Ha ne total you listed in VF: Creditors Who ne total claims from	ur Liabilities  ave Claims Secured by in Column A, Amount o  Have Unsecured Claim in Part 1 (priority unsecu	Property (Official Form 100 of claim, at the bottom of the loss (Official Form 106E/F) or claims) from line 6e of	6D) last page of Part 1 of Schedule D	Your liabilities Amount you owe \$233,354.00
Schedule D. 2a. Copy th Schedule E. 3a. Copy th	ummarize You c Creditors Who Ha ne total you listed in VF: Creditors Who ne total claims from	ur Liabilities  ave Claims Secured by in Column A, Amount o  Have Unsecured Claim in Part 1 (priority unsecu	Property (Official Form 100 of claim, at the bottom of the loss (Official Form 106E/F) or claims) from line 6e of	6D) last page of Part 1 of Schedule D Schedule E/F	Your liabilities Amount you owe \$233,354.00
Schedule D. 2a. Copy th Schedule E. 3a. Copy th 3b. Copy th	ummarize You  : Creditors Who Hane total you listed in  /F: Creditors Who had total claims from  the total claims from	ur Liabilities  ave Claims Secured by in Column A, Amount o  Have Unsecured Claim in Part 1 (priority unsecu	Property (Official Form 100 of claim, at the bottom of the los (Official Form 106E/F) oured claims) from line 6e of secured claims) from line 6j	6D) last page of Part 1 of Schedule D Schedule E/F	Your liabilities Amount you owe  \$233,354.06  \$4,671.53

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$3,801.34

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 49 of 74 **Sanders** Debtor 1 Case number (if known) Middle Name Part 4: **Answer These Questions for Administrative and Statistical Records** Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  $\overline{\mathbf{Q}}$ Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from \$2,078.69 Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$1,326.53
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$4,522.84
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$5,849.37

Case 16	5-40886-rfn	13 Doc 1 Filed (	03/01/16 E	ntered 0	3/01/16 00	):09:03	Page 50	of 74
Fill in this info	ormation to i	identify your case						
Debtor 1	Kevin	D	Sanders					
	First Name	Middle Name	Last Name	_				
Debtor 2 (Spouse, if filing)	Banita First Name	C Middle Name	Sanders Last Name					
				/A.C				
United States Bar	nkruptcy Court to	or the: <b>NORTHERN D</b>	ISTRICT OF TEX	KAS				
Case number (if known)				_		_	eck if this is an	
,						ame	ended filing	
Official Form	106Doo							
				•				
Declaration	About an I	Individual Debt	or's Schedu	les				12/15
If two married peo	ple are filing to	gether, both are equal	lly responsible for	supplying c	orrect informa	ıtion.		
Var. marret file this		file handminter			aa Maliinnaa	falaa atata		
		you file bankruptcy so money or property by						
\$250,000, or impri	sonment for up	to 20 years, or both.	18 U.S.C. §§ 152, 1	1341, 1519, a	nd 3571.			
Sig	n Below							
Did you pay o	or agree to pay	someone who is NOT	an attorney to help	p you fill out	bankruptcy fo	orms?		
IZI No								
	ame of person				Attach A	Rankruntov F	Petition Prepare	er's Notice
							nature (Official	
Under penalty true and corre		eclare that I have read	the summary and	schedules f	iled with this o	declaration	and that they a	are
tiue and com								

X /s/ Kevin D Sanders
Kevin D Sanders, Debtor 1 X /s/ Banita C Sanders
Banita C Sanders, Debtor 2

Date 02/29/2016 Date 02/29/2016 MM / DD / YYYY MM / DD / YYYY

Fill in this inf	formation to id	entify you	r case:			
Debtor 1	Kevin	D	Sanders			
	First Name	Middle Na	ime Last Name			
Debtor 2	Banita	C	Sanders			
(Spouse, if filing)	First Name	Middle Na	ime Last Name			
United States Ba	inkruptcy Court for	the: NORTH	IERN DISTRICT OF T	EXAS		
Case number (if known)				_	Check if this amended fil	
Official Form	107					
		Affaira f	or Individuals Ei	iling for Bonke	untov	40/45
Statement	of Financiai /	Affairs to	or Individuals Fi	lling for Bankri	иртсу	12/15
correct information	on. If more space ase number (if kno	is needed, a wn). Answe	ttach a separate sheet er every question.	to this form. On the to	e equally responsible for support of any additional pages	
Part 1: Given	ve Details Abou	ut Your Ma	arital Status and W	here You Lived Be	efore	
1. What is your	current marital st	atus?				
Married	our one maritar se	utus.				
Not marri	ed					
<b>☑</b> No		·	where other than where			
_			e last 3 years. Do not inc			
(Community p					ity property state or territo ada, New Mexico, Puerto Ri	•
□ No ☑ Yes. Mal	ke sure you fill out s	Schedule H:	Your Codebtors (Official	Form 106H).		
Part 2: Ex	plain the Sour	ces of You	ır Income			
4. Did you have	any income from I amount of income	employmer you receive		sinesses, including par		endar years?
☐ No ☑ Yes. Fill	in the details.					
			Debtor 1		Debtor 2	
			ouroes of income	Cross income	Sources of income	Cross income
			ources of income heck all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
-	of the current year	until [	Wages, commissions,	,	✓ Wages, commissions,	\$3,176.00
the date you filed	for bankruptcy:	_	bonuses, tips		bonuses, tips	
			Operating a business		☐ Operating a business	
For the last calen	dar voar:	-	Wages, commissions,	<b>#20.404.00</b>	₩ Wages, commissions,	¢20.070.07
	•	<u> </u>	bonuses, tips	\$38,421.39	wages, commissions, bonuses, tips	\$28,878.97
(January 1 to Dece	ember 31, <u><b>2015</b></u> )		Operating a business		Operating a business	
For the calendar y	year before that:	<u> </u>	Wages, commissions, bonuses, tips	\$71,263.00	Wages, commissions, bonuses, tips	
(January 1 to Dece	ember 31, 2014 )	Г	7 Operating a business		☐ Operating a business	

	Case	16-40	886-rfn13 Doc 1 I	Filed 03/01/16	Entered 03/01/16 00:09:03	Page 52 of 74				
Deb		Kevin	D	Sanders	Case number (if known)					
	F	First Name	Middle Name	Last Name						
5.	Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.									
	✓ No ☐ Yes.	Fill in the	details.							
P	art 3:	List Ce	rtain Payments You	Made Before You	Filed for Bankruptcy					
6.	Are eithe	er Debtor	1's or Debtor 2's debts p	rimarily consumer de	bts?					
	□ No.		<b>Debtor 1 nor Debtor 2 ha</b> d by an individual primarily	•	debts. Consumer debts are defined in 11 U or household purpose."	.S.C. § 101(8) as				
		During th	ne 90 days before you filed	d for bankruptcy, did yo	ou pay any creditor a total of \$6,225* or more?					
		□ No.	Go to line 7.							
		☐ Yes.	total amount you paid tha	t creditor. Do not inclu	ll of \$6,225* or more in one or more payments de payments for domestic support obligations payments to an attorney for this bankruptcy c	s, such as				
		* Subjec	t to adjustment on 4/01/16	and every 3 years after	er that for cases filed on or after the date of ac	ljustment.				
	✓ Yes.	Debtor 1	1 or Debtor 2 or both hav	e primarily consumer	debts.					
		During th	ne 90 days before you filed	d for bankruptcy, did yo	ou pay any creditor a total of \$600 or more?					
		☑ No.	Go to line 7.							
		Yes.		payments for domestic	al of \$600 or more and the total amount you pa support obligations, such as child support and this bankruptcy case.					
7.	Insiders corporation agent, income such as of the No	include you ons of whic cluding on child suppo	ur relatives; any general pa ch you are an officer, direc	artners; relatives of any ctor, person in control, o	yment on a debt you owed anyone who way general partners; partnerships of which you or owner of 20% or more of their voting securion 11 U.S.C. § 101. Include payments for dom	are a general partner; ties; and any managing				
	<b>–</b>	- · · · · · · · · · · · · · · · · · · ·	,							

	Cas	se 16-40886	6-rfn13	Doc 1 Fi	led 03/01/16	Entered 03/01/	16 00:09:03	Page 53 of 74
Deb	tor 1	Kevin	D		Sanders	Case nui	mber (if known)	
		First Name	Midd	le Name	Last Name			
8.		1 year before yo ted an insider?	ou filed for	r bankruptcy,	did you make any	payments or transfer a	ny property on acc	ount of a debt that
	Include	payments on del	bts guarar	teed or cosig	ned by an insider.			
	✓ No ☐ Ye	s. List all paymer	nts that be	nefited an ins	ider.			
P	art 4:	Identify Le	gal Actio	ons, Repos	ssessions, and	Foreclosures		
9.	List all		luding per	sonal injury ca		n any lawsuit, court act ctions, divorces, collection		ive proceeding? tions, support or custody
	✓ No □ Ye	s. Fill in the deta	ils.					
10.	seized	1 year before yo , or levied? all that apply and			was any of your p	roperty repossessed, fo	oreclosed, garnishe	ed, attached,
		. Go to line 11. s. Fill in the infor	mation be	ow.				
					Describe the pr	• •	Date	Value of the property
	oital On				2008 Jeep Pa	triot	02/201	5
Cred	litor's Nan	ne						
		allas Pkwy reet			Explain what h	annonad		
Num	iber St	reet			•	s repossessed.		
					_	s foreclosed.		
DI-			TV	75000		s garnished.		
Pla City	no		TX State	<b>75093</b> ZIP Code		s attached, seized, or lev	vied.	
11.	amoun ✓ No	ts from your acc	counts or		— y, did any creditor,	including a bank or fin use you owed a debt?		et off any
	☐ Ye	s. Fill in the detai	IIS.					
12.		-			was any of your p dian, or another of	roperty in the possessi ficial?	on of an assignee t	or the benefit of
	✓ No							

<b>J</b> oh	Cas	e 16-408 Kevin	886-rfr	13 Doc 1	Filed 03/01/16 Sanders	Entered 03/01/16 00  Case number (if k		Page	54 of 74
Jeb	101 1	First Name		Middle Name	Last Name	Case number (ii r			
P	art 5:	List Cer	tain Gif	fts and Con	tributions				
									•
3.		z years beto	re you ti	led for bankru	ptcy, did you give any	gifts with a total value of more	tnan \$600 pe	r persor	1?
	✓ No ☐ Yes	s. Fill in the d	letails for	r each gift.					
4.		2 years befo charity?	re you fi	led for bankru	ptcy, did you give any	gifts or contributions with a tot	al value of m	ore thar	n \$600
	✓ No ☐ Yes	s. Fill in the d	letails for	r each gift or co	ontribution.				
Pá	art 6:	List Cer	tain Lo	sses					
					tov or since you filed f	or bankruptcy, did you lose any	thing because	sa of the	off fire
J.		isaster, or g	-	-	ncy of since you med i	or bariki upicy, did you lose any	tilling becau	se or the	it, iiie,
	✓ No ☐ Yes	s. Fill in the d	letails.						
Pa	art 7:	List Cer	tain Pa	yments or 1	<b>Fransfers</b>				
6.	Within 1	1 year before	e you file	ed for bankrup	tcy, did you or anyone	else acting on your behalf pay	or transfer a	ny prop	erty to
	anyone	you consult	ted abou	it seeking ban	kruptcy or preparing a	bankruptcy petition?			
	Include	any attorneys	s, bankru	ptcy petition pr	eparers, or credit couns	eling agencies for services requir	ed for your ba	ankruptc	y.
	□ No ✓ Yes	s. Fill in the d	letails.						
					Description and value	of any property transferred	Date paym	nent	Amount of
		Office of Ali	ce Bow	er			or transfer made	was	payment
	on Who W							046	¢455.00
lum	Box 220 ber Stre						02/17/2	2010	\$155.00
	( <b>18</b> /( l-		TV	70440					
City	t Worth		TX State	<b>76113</b> ZIP Code					
mai	il or websit	e address							
erso	on Who M	lade the Payme	nt, if Not Y	⁄ou					
7.	anyone	who promis	sed to he	elp you deal wi		else acting on your behalf pay make payments to your credito		ny prop	erty to
		, ,	•	•	•				

	Case	e 16-4088	36-rfn	13 Doc 1	Filed 03/01/16	Entered 03/01/16 0	0:09:03 Pag	e 55 of 74
Deb	_	Kevin First Name		D Middle Name	Sanders Last Name	Case number (if	known)	
18.		-	-		uptcy, did you sell, trade, se of your business or fir	or otherwise transfer any p nancial affairs?	roperty to anyone, o	ther than
		ŭ			made as security (such as ave already listed on this s	s granting of a security interestatement.	st or mortgage on you	r property).
	✓ No ☐ Yes.	Fill in the det	tails.					
19.		-	-		ruptcy, did you transfer a called asset-protection de	ny property to a self-settled vices.)	trust or similar dev	ice of which
	✓ No ☐ Yes.	Fill in the det	tails.					
Pa	art 8:	List Certa	in Fin	ancial Acc	ounts, Instruments,	Safe Deposit Boxes, a	nd Storage Units	;
20.	benefit, of Include of houses, p	closed, sold, checking, savi	moved	, or transferr	ed?	ccounts or instruments held certificates of deposit; shares I institutions.	-	
	☐ No ✓ Yes.	Fill in the det	tails.					
Cha	250				Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Nam	e of Financi	ial Institution			XXXX	Checking	11/2015	\$0.00
Num	D. Box 24 aber Stree					Savings Money market Brokerage		
Col City	lumbus		<b>OH</b> State	<b>43224</b> ZIP Code	-	Other		
					Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Fro		ial Institution					0	
100		ouston ST				☐ Checking ☐ Savings ☐ Money market	01/2016	(\$813.00)
Sar	n Antonic	)	TX State	78205	•	☐ Brokerage ☐ Other		

	Case	16-40886-rf	fn13 Doc 1 F	iled 03/01/16	Entered 03/01/16 00:09:03	Page 56 of 74
Deb	_	Kevin irst Name	D Middle Name	Sanders Last Name	Case number (if known)	
21.	Do you n for secur		ou have within 1 y		for bankruptcy, any safe deposit box or of	ther depository
22.	☑ No	stored property Fill in the details.	in a storage unit o	r place other than yo	our home within 1 year before you filed for	bankruptcy?
Р	art 9:	Identify Prope	erty You Hold o	or Control for So	meone Else	
23.	-	old or control any n trust for someon		neone else owns? I	nclude any property you borrowed from, a	re storing for,
	✓ No ☐ Yes.	Fill in the details.				
Р	art 10:	Give Details A	About Environn	nental Informatio	on	
For	the purpo	se of Part 10, the	following definition	ons apply:		
	hazardous	or toxic substan	ce, wastes, or mat	erial into the air, lan	gulation concerning pollution, contaminat d, soil, surface water, groundwater, or oth substances, wastes, or material.	•
		-		as defined under any ncluding disposal s	y environmental law, whether you now ow ites.	n, operate, or
				onmental law defines taminant, or similar	s as a hazardous waste, hazardous substa item.	nnce, toxic
Rep	port all not	ices, releases, an	d proceedings tha	t you know about, re	egardless of when they occurred.	
24.	Has any law?	governmental uni	t notified you that	you may be liable o	r potentially liable under or in violation of a	an environmental
	✓ No ☐ Yes.	Fill in the details.				
25.	-	ı notified any gov	ernmental unit of a	any release of hazar	dous material?	
	✓ No ☐ Yes.	Fill in the details.				
26.	Have you orders.	ı been a party in a	nny judicial or adm	inistrative proceedi	ng under any environmental law? Include	settlements and
	✓ No ☐ Yes.	Fill in the details.				

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 57 of 74 **Sanders** Debtor 1 Case number (if known) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. **Medical First Assistant Precision First Assistant Business Name** EIN: 1 6 - 1 3 9 4 9 6 3 603 Cross Meadow Blvd Name of accountant or bookkeeper Number Street Dates business existed 08/2009 To 02/17/2016 From Mansfield TX 76063 Citv State 7IP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. **✓** No ☐ Yes. Fill in the details below. Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Kevin D Sanders X /s/ Banita C Sanders Kevin D Sanders, Debtor 1 Banita C Sanders, Debtor 2 02/29/2016 02/29/2016 Date Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **☑** No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? Attach the Bankruptcy Petition Preparer's Notice, ☐ Yes. Name of person Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

		filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
·,	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

F		filing fee administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

+		filing fee administrative fee	
	\$310	total fee	•

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to:

 $\frac{http://www.uscourts.gov/FederalCourts/Bankruptcy/Ba$ 

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

In re Kevin D Sanders	Case No.
Banita C Sanders	
	Chapter 13

						DI	SC	LO	SUR	E OF	F	COMPENSATION OF ATTORNE	Y FOR DEBTOR
1.	tha	at o	cor ce:	npe s re	nc	atio	n pa	id to	me w	thin o	ne	d. Bankr. P. 2016(b), I certify that I am the atto e year before the filing of the petition in bankr behalf of the debtor(s) in contemplation of or	uptcy, or agreed to be paid to me, for
	Fo	r le	ega	al s	er\	vices	, I ha	ave a	agree	d to ac	CC	ept	\$3,500.00
	Pri	or	to	the	fil	ing c	of thi	s sta	ıtemer	nt I hav	ve	e received	\$155.00
	Ba	la	nce	e D	ue								\$3,345.00
2.	Th	e:	sol	ırce	9 0	f the	con	npen	sation	paid	to	o me was:	
				V		ebto		•				Other (specify)	
3.	Th	e:	sol	ırce	9 0	f cor	npei	nsati	on to l	oe pai	id	to me is:	
				V	С	ebto	or				(	Other (specify)	
4.	V					_		to s law t		he ab	٥٥١	ve-disclosed compensation with any other pe	rson unless they are members and
		;	ass	soc	ate	es of	my	law 1				disclosed compensation with another person of the agreement, together with a list of the na	
5.	ln r	ret	urı	n fo	r tl	ne a	bove	e-dis	closed	l fee, l	l h	nave agreed to render legal service for all asp	ects of the bankruptcy case, including:
	a. bar			•		f the	deb	otor's	finan	cial sit	tua	ation, and rendering advice to the debtor in d	etermining whether to file a petition in
	b.	Ρ	rep	ara	tic	n ar	nd fili	ing o	f any	petitio	n,	, schedules, statements of affairs and plan wh	nich may be required;
	c.	R	ері	es	ent	atio	n of t	the c	lebtor	at the	n	neeting of creditors and confirmation hearing	and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)	
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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/29/2016 /s/ Alice Bower

Date Alice Bower
The Law Office of Alice Bower

6421 Camp Bowie Blvd., #300 Fort Worth, TX 76116

Phone: (817) 737-5436 / Fax: (817) 737-2970

Bar No. 15148500

/s/ Kevin D Sanders /s/ Banita C Sanders

Kevin D Sanders Banita C Sanders

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Kevin D Sanders

**Banita C Sanders** 

CHAPTER 13

CASE NO

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached creditors have been added to the official mailing matrix.

Date	2/29/2016	/s/ Kevin D Sanders Kevin D Sanders
Date	2/29/2016	/s/ Banita C Sanders  Banita C Sanders

Aargon Collection Agen 3025 W Sahara Las Vegas, NV 89102

Alliance One PO Box 1961 Southgate, MI 48195-0961

AT&T PO Box 105414 Atlanta, GA 30348

Attorney General Collection Division/BK Section P.O. Box 12548 Austin, Texas 78711-2548

Baylor Surgicare at Mansfield 280 Regency Parkway Mansfield, TX 76063

Bk Of Amer 450 American St Simi Valley, CA 93065

Capital Accounts Po Box 140065 Nashville, TN 37214

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Cashnet USA 175 West Jackson Blvd Suite 1000 Chicago, IL 60604 Dash of Cash P.O. Box 1469 Kahnawake, Quebec JOL 1BO

Exeter Finance Corp Po Box 166097 Irving, TX 75016

Fed Loan Serv Po Box 60610 Harrisburg, PA 17106

Guardian Security Systems Inc Rosenthal, Morgan, and Thomas, Inc 12747 Olive Blvd Suite 250 Saint Louis, MO 63141

Guarenteed Pawn 2437 FM 917 Mansfield, TX 76063

Howard Borg, AUSA 801 Cherry Street, Unit 4 Fort Worth, TX 76102

I C System Inc Po Box 64378 Saint Paul, MN 55164

I.C. Systems Inc
P.O. Box 64378
Saint Paul, MN 55164

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Internal Revenue Service 1100 Commerce Street, MC 5026 DAL Dallas, TX 75242

Laboratory Corp of America P.O. Box 2240 Burlington, NC 27216

Majestic Lake Financial 635 E. Hwy 20 # K Upper Lake, CA 95485

Massage Envy 5232 South State hwy 360 Suite 610 Grand Prairie, TX 75052

Maxlend P.O. Box 639 Parshall, ND 58770

Methodist Charlton Medical Center 4040 Central Expwy #600 Dallas, TX 75204

Money Key 3422 Old Capital Trail #1613 Wilmington, DE 19808

North shore agency 270 Spagnoli Road Ste 110 Melville, NY 11747

North Texas Tollway Authority PO Box 660244 Dallas, TX 75266 Paramount Recovery Sys 105 Deanna St Robinson, TX 76706

Pinnacle Anesthesis Consultants P.O. Box 650426 Dallas, TX 75265

Plaza Servic 110 Hammond Drive Atlanta, GA 30328

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Speedy Cash 3527 . Ridge Rd Wichita, KS 67205

Stoneleigh Recovery Associates P.O. Box 1479 Lombard, IL 60148

Sunrise Credit Services P.O. Box 9100 Farmingdale, NY 11735

T-Mobile PO Box 53410 Bellevue, WA 98015-3410

Texas Physicians Resouces P.O. Box 8776 Fort Worth, TX 76124

Texas Radiology Associates P.O. Box 2285 Indianapolis, IN 46206

The Alice Office of Alice Bower PO Box 2268 Fort Worth, TX 76113

U.S. Attorney General Main Justice Building, Room 5111 10th & Constitution Ave. N.W. Washington, DC 20530

U.S. Department of Justice 717 N. Harwood, Suite 400 Dallas, TX 75201

United States Attorney 1100 Commerce, Room 300 Dallas, TX 75242

Us Dep Ed Po Box 5609 Greenville, TX 75403

Wfds/wds Po Box 1697 Winterville, NC 28590

William T. Neary US Trustee's Office 1100 Commerce Bldg. 9C60 Dallas, TX 75242

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Chapter: 13

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Aargon Collection Agen 3025 W Sahara Las Vegas, NV 89102

Banita C Sanders

Exeter Finance Corp Po Box 166097 Irving, TX 75016

Majestic Lake Financial 635 E. Hwy 20 Upper Lake, CA 95485

Alliance One PO Box 1961 Southgate, MI 48195-0961

Fed Loan Serv Po Box 60610 Harrisburg, PA 17106 Massage Envy 5232 South State hwy 360 Suite 610 Grand Prairie, TX 75052

AT&T PO Box 105414 Atlanta, GA 30348 Guardian Security Systems Inc Rosenthal, Morgan, and Thomas, 12747 Olive Blvd Suite 250 Saint Louis, MO 63141

Maxlend P.O. Box 639 Parshall, ND 58770

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Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Paramount Recovery Sys 105 Deanna St Robinson, TX 76706

Cashnet USA 175 West Jackson Blvd Suite 1000 Chicago, IL 60604

Internal Revenue Service 1100 Commerce Street, MC 5026 D. P.O. Box 650426 Dallas, TX 75242

Pinnacle Anesthesis Consultants Dallas, TX 75265

Dash of Cash P.O. Box 1469 Kahnawake, Quebec JOL 1BO

Laboratory Corp of America P.O. Box 2240 Burlington, NC 27216

Plaza Servic 110 Hammond Drive Atlanta, GA 30328

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Chapter: 13

FORT WORTH DIVISION

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

United States Attorney 1100 Commerce, Room 300 Dallas, TX 75242

Speedy Cash 3527 . Ridge Rd Wichita, KS 67205 Us Dep Ed Po Box 5609 Greenville, TX 75403

Stoneleigh Recovery Associates P.O. Box 1479 Lombard, IL 60148

Wfds/wds Po Box 1697 Winterville, NC 28590

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The Alice Office of Alice Bower PO Box 2268 Fort Worth, TX 76113

U.S. Attorney General Main Justice Building, Room 511 10th & Constitution Ave. N.W. Washington, DC 20530

U.S. Department of Justice 717 N. Harwood, Suite 400 Dallas, TX 75201

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Fill in this inf	ormation to i	dentify your case:		Check as o	directed in lines	17 and 21:
Debtor 1	Kevin First Name	<b>D</b> Middle Name	Sanders Last Name	According to t Statement:	he calculations requ	ired by this
Debtor 2 (Spouse, if filing)	Banita First Name	<b>C</b> Middle Name	Sanders Last Name	<b>-</b>	ole income is not det U.S.C. § 1325(b)(3)	
		or the: <b>NORTHERN DI</b>	STRICT OF TEXAS		ole income is determ U.S.C. § 1325(b)(3)	
Case number (if known)				—	mitment period is 3 y	
				4. The com	mitment period is 5 y	years. ————
Official Farms	1000 1			☐ Check if th	nis is an amended fili	ng
Official Form		of Vour Current	: Monthly Income			
and Calcula	tion of Cor	nmitment Perio	d			12/
. What is your ☐ Not mar ☑ Married	marital and filin ried. Fill out Colu . Fill out both Co	Average Monthly Ing status? Check one or umn A, lines 2-11.	nly.	during the 6 full m	ponths before your	ila this
bankruptcy of August 31. If in the result.	case. 11 U.S.C. the amount of your Do not include an	§ 101(10A). For example our monthly income varied by income amount more	e, if you are filing on Septeml d during the 6 months, add th than once. For example, if bo ave nothing to report for any l	per 15, the 6-month the income for all 6 oth spouses own the	n period would be Ma months and divide the ne same rental prope	arch 1 through ne total by 6. Fill
				Column A  Debtor 1	Column B Debtor 2 or non-filing spouse	
_	vages, salary, tip yroll deductions).	os, bonuses, overtime,	and commissions	\$0.00	\$2,078.69	
. Alimony and	maintenance pa	nyments. Do not include	e payments from a spouse.	\$0.00	\$0.00	
expenses of regular contril your depende	you or your dep butions from an u ents, parents, and	e which are regularly pa endents, including chil inmarried partner, memb roommates. Do not incl ents you listed on line 3.	\$0.00	\$0.00		
. Net income f	rom operating a	business, profession,	or farm			
		Debtor 1	Debtor 2			
Gross receipt deductions)	s (before all	\$0.00	\$0.00			

expenses

Ordinary and necessary operating -

Net monthly income from a business, \_\_ profession, or farm

\$0.00

\$0.00 Copy here →

\$0.00

\$0.00

\$0.00 -

\$0.00

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14. Your current monthly income. Subtract the total in line 13 from line 12.

\$2.078.69

Case 16-40886-rfn13 Doc 1 Filed 03/01/16 Entered 03/01/16 00:09:03 Page 74 of 74 Debtor 1 Kevin Sanders Case number (if known) Middle Name First Name Last Name 15. Calculate your current monthly income for the year. Follow these steps: \$2,078.69 15a. Copy line 14 here -> ..... 12 Multiply line 15a by 12 (the number of months in a year). \$24,944.28 15b. The result is your current monthly income for the year for this part of the form. 16. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. 16b. Fill in the number of people in your household. 2 \$59,296.00 16c. Fill in the median family income for your state and size of household...... To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) \$2,078.69 18. Copy your total average monthly income from line 11. 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. \$2,078.69 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: \$2,078.69 20a. Copy line 19b ..... Multiply by 12 (the number of months in a year). 12 \$24.944.28 20b. The result is your current monthly income for the year for this part of the form. \$59,296.00 20c. Copy the median family income for your state and size of household from line 16c. 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. ★ /s/ Kevin D Sanders ★ /s/ Banita C Sanders Kevin D Sanders, Debtor 1 Banita C Sanders, Debtor 2 Date 2/29/2016 Date 2/29/2016 MM / DD / YYYY MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.